

No 121

G.

Wm. Howard

Passed March 1826

An

Inaugural Essay

on

Delirium Tremens.

By John B. Traft, of New Jersey.





Essay on Delirium Tremens.

I shall merely state the observations and inquiries which I have been able to make on this disease, without entering into a consideration of what has been previously said of it by Authors.

By the long and excessive use of ardent spirits, the system becomes in a great measure callous to its effects, and enables it to bear with impunity, this unnatural grade of High action. But, when this habitual stimulus by any cause becomes interrupted, then we have a corresponding degree of debility. Now, it is reaction taking place in this condition of the system, which, I conceive to be the immediate, or exciting cause of the disease in question.

This is a reaction, or excitement, of the Cerebral or nervous system, and other organs



2
may be in a state of great debility. Thus, we see Patients walking about, and even using strong muscular action, when the pulse could hardly be felt, and other indications of extreme exhaustion are present.

There is a circumstance connected with this subject, which I leave to others to account for, viz. That Delirium Tremens occasionally takes place when it could not be ascribed to any interruption of the Patients usual habits; but, has on the contrary, attacked him in the midst of his sobriety. This fact was first mentioned to me by a learned Physician of this City, and I have since witnessed its occurrence. This is an anomaly, and does not, of course, affect the general character of the disease.

1841

Jan 1st

Feb 1st

Mar 1st

Apr 1st

May 1st

Jun 1st

Jul 1st

Aug 1st

Sep 1st

Oct 1st

Nov 1st

Dec 1st

Mania a *form*, may be divided into three distinct and well-marked stages:

I. That of Tremor;

II. Of Excitement;

III. The stage of Convalescence.

I shall treat of these in the order in which they occur. I. That of Tremor. This is one of the most characteristic and prominent precursors: Like the rippling surface of the stream, when ~~the~~ the winds begin to increase in violence, it soon manifests the greater agitation of the storm. These nervous tremors may be considered as furnishing a criterion often expected. They are generally greatest in the most intemperate persons, and always alarming in those who have previously been the subjects of the disease. Sometimes they are greater in proportion to the age of the Patient, as in old persons; at other times great in young persons,

and recent cases, owing to some constitutional predispositions.

Thromos, however, are not necessarily an attendant: I have seen cases in which they have been entirely absent. In this stage, there is no unusual peculiarity in the pulse—tongue for the most part moist, the middle of a bluish or leaden colour. It is here that vomiting frequently attends, but rarely, or perhaps never, continues longer than until the Patient becomes slightly or delicious. This has furnished a hint to make an impression on the stomach by emetic medicines, and has given rise to the celebrated practice of Dr. Kolapp, which was in so much vogue at one time.

II. This is the stage of excitement; the tremors now most commonly attend the pupils contract—a perspiration breaks

out over the body - the mind now begins
to wander, and complete delirium soon
sets in. This delirium is of a peculiar
kind; every thing is delirious - a highly
excited state of the mental functions.
The patient is in a continual state of
watching, talking, fancying and
dreaming, and in other kinds of mania
is in this, the mind is variously affected:
one is harrowed with the most dread-
ful ideas of misery, thinking those about
have come to torment or murder him.
Another imagines animals or fantastic ob-
jects in the wall, or capering through
his room - Another is laughing constan-
tly, and amuses one by his antics, and
sometimes, witty expressions; crying too,
occasionally attends most frequently on
women - a pitiful kind of crying, attended



with mourning and heaviness, is not a good symptom, serving to weaken the patient's last a labours and genuine pleasure of labour is salutary. This state of dullness may continue for hours, or a day, and sometimes even longer, ending in a sound and uninterrupted slumber. Night is the time for a rest, the patient for the most part wakes perfectly refreshed and more vigorous than when he fell asleep.

The state is in a sound of the patient and termination of a successful case of labour is, but sometimes the patient does not come in to that state of health and vigour as he was before. It is longer, the sudden prostration is seldom cured, and if very great, the patient will never recover his strength. In such a case, it requires constant medicine to sustain his







[illegible]





acid membranes extending from the
base of the brain and down the spine,
below the cranium in fact. It is not
my business to say much more on this
subject, but in the common, or in the little
known, the common sense of the
physicians are all one mind.

If the great variety of medicines which have,
at different times, been proposed, as curatives,
in this disease, I have had no experience, and
therefore, am not prepared to say any thing of
them. The usual practice, so far as I have
had opportunities of judging, has been so
successful as not to call for a change.

Of thirty-five Patients who were under
my care in the Philadelphia Almshouse,
and who were treated in the way above
proposed, not one case terminated fatally.

The foregoing is a sketch of some



of the most prominent features of Maria a
color. - might easily have given a more
minute detail of it, but our space was
soon only a recollection of what should have
been. The paper, therefore, as complete
as it may be, is respectfully submitted
to an impartial consideration.















Feb 15th 1891

~~Feb~~

I

No 41

6 + k. h. m. t.

